

1. Business Name	2. Date Business Started in Maine
3. Address	4. Type of Business

5. Please provide us with the following information if you are a nonprofit employer:
- a) Copy of your By-laws and/or Charter, IRS nonprofit determination letter and funding documents.
- b) How do you obtain your operating funds? Please be specific _____
6. Indicate in each of the following squares (representing the weeks of the current and preceding years) the highest daily employment within each week. Include all part-time workers and corporate officers.

Year	Week #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	Preceding Year																										
	Week #	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
	Week #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	Current Year																										
	Week #	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52

7. Enter TOTAL amount of gross wages paid each quarter of the two calendar years in item #6.

Maine Payrolls	Calendar Quarter Ending March 31	Calendar Quarter Ending June 30	Calendar Quarter Ending September 30	Calendar Quarter Ending December 31
Preceding Year 19				
Current Year 20				

8. The undersigned, an employing unit under the Employment Security Law, which has not met liability levels of employment, voluntarily elects under Section 1222.3A to become a subject employer to provide unemployment insurance coverage for its employees effective January 1, _____, and to continue to be subject to the Employment Security Law for not less than two calendar years. Dated this _____ day of _____ 20____.

Name	Signature	Title
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FINDINGS BY THE MAINE DEPARTMENT OF LABOR: Your application for Voluntary Election of Coverage is:

[] APPROVED [] DENIED

Augusta, Maine (date) _____ Signed _____

Unemployment Compensation Director

INSTRUCTIONS FOR COMPLETING FORM

Application for Voluntary Election, Form Me. FX-2, should be prepared in duplicate. Please type or print in black or blue ink. Mail original to the Maine Department of Labor, Bureau of Unemployment Compensation and retain one copy.

A signed copy will be returned to you indicating whether your application is approved or denied.

1. Enter name under which business operates. If a sole proprietorship, please give proprietor's name and trade name.
2. Enter address in full, giving number and street, city or town, state and zip code.
3. Enter description of business operated. (If additional space is required, please use lower portion of this page.)
4. Self Explanatory.
5. Self Explanatory.
6. Self Explanatory.
7. Self Explanatory.
8. Effective date must be January of the year coverage is to commence,

Application must be signed by a person in authority with authority to sign for the business.

ADDITIONAL INFORMATION (Please include item number): _____

If you have any questions regarding this form, please contact the Central Registration Unit at (207) 287-3176.